

RECEIVED
CENTRAL FAX CENTER

JUL 18 2005

FAX TRANSMISSION**DATE:** July 18, 2005**PTO IDENTIFIER:** Application Number 09/828,225-Conf. #5617
Patent Number**Inventor:** Michael G. Alliston et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP

Brian J. Hairton

PHONE: (202) 331-7111**Attorney Dkt. #:** 20386-00295-US**PAGES (Including Cover Sheet):** 15**CONTENTS:** Fee Transmittal (1 page)
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Request for Continued Examination Transmittal (1 page)
Charge \$910.00 to deposit account 22-0185
Amendment for RCE in Response to Final Office Action (9 pages)
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (202) 331-7111 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

CONNOLLY BOVE LODGE & HUTZ LLP
1990 M Street, N.W., Suite 800, Washington, DC 20036-3425
Telephone: (202) 331-7111 Facsimile: (202) 293-6229

JUL 18 2005

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 09/828,225

Attorney Docket No.: 20386-00295-US

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on July 18, 2005
Date



Signature

Norma Slaveter

Typed or printed name of person signing Certificate

Registration Number, if applicable

202-331-7111
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Request for Continued Examination Transmittal (1 page)

Charge \$1,240.00 to deposit account 22-0185

Amendment for RCE in Response to Final Office Action (9 pages)

Certificate of Transmission (1 page)

JUL 18 2005

PTO/SB/17 (12-04v2)


Approved for use through 7/31/2006. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|--|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4141). FEE TRANSMITTAL For FY 2005 | | Complete If Known | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 09/828,225-Conf. #5617 |
| | | Filing Date | April 9, 2001 |
| | | First Named Inventor | Michael G. Alliston |
| | | Examiner Name | J. A. Leung |
| | | Art Unit | 1764 |
| TOTAL AMOUNT OF PAYMENT (\$) 1,240.00 | | Attorney Docket No. | 20386-00295-US |

| | |
|--|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>22-0185</u> Deposit Account Name: <u>Connolly Bove Lodge & Hutz LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| FEE CALCULATION | | | | | | | |
|---|---------------------|---|---------------------------------------|-----------------------|----------------------------------|-----------------------|----------------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Small Entity | |
| | | | | | | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| <u>39</u> | | <u>- 39 =</u> | <u>x</u> | <u>=</u> | Fee (\$) | | Fee Paid (\$) |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| <u>4</u> | | <u>- 4 =</u> | <u>x</u> | <u>=</u> | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | |
| <u> </u> | <u>- 100 =</u> | <u>/50</u> | <u>(round up to a whole number) x</u> | <u>=</u> | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month | | | | | | 450.00 | |
| 1801 Request for continued examination (RCE) (see 37 ...) | | | | | | 790.00 | |

| | | | |
|---------------------|---|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature |  | Registration No. (Attorney/Agent) | 46,750 |
| Name (Print/Type) | Brian J. Hairston | Telephone | (202) 331-7111 |
| | | Date | July 18, 2005 |